



Personal Vehicle Safety Checklist

Date of Review: _____
 Member Name: _____ Vehicle Make/Model/Year: _____ License Plate #: _____
 Driver's License #: _____ Restrictions: Yes No If "yes," describe: _____

Required Documents

Current Registration: Yes No Current State Inspection: Yes No N/A
 Proof of Insurance: Yes No Insurance Company: _____ Expiration Date: _____
 Lights & Siren Permit: Yes No N/A Courtesy Lights Permit: Yes No N/A

VEHICLE CONDITION

<u>Tires</u>	Left		Right	
Left Front: Adequate tread:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Questionable tread: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Right Front: Adequate tread:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Questionable tread: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Left Rear: Adequate tread:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Questionable tread: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Right Rear: Adequate tread:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Questionable tread: Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Poor tread: Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Poor tread: Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Poor tread: Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Poor tread: Yes <input type="checkbox"/>	No <input type="checkbox"/>

<u>Lights</u>	Left		Right	
Headlights:				
High beam	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low beam	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Turn Signals:				
Front	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rear	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tail lights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Brake lights:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back-up lights:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOTE:
 Any * indicates a need to have vehicle checked by a qualified mechanic
 Any ** needs immediate repair or replacement

Body
 Any damage: Yes No If "yes," describe: _____
 Exhaust system: Good Condition: Yes No Questionable condition: Yes No Poor condition: Yes No

Glass

Front

Window Good Condition: Yes No * Describe damage: _____
Left side Good Condition: Yes No * Describe damage: _____
Right side Good Condition: Yes No * Describe damage: _____

Rear

Good Condition: Yes No * Describe damage: _____
Good Condition: Yes No * Describe damage: _____
Good Condition: Yes No * Describe damage: _____

Accessories

Wipers: Operational: Yes No **

Blades: Adequate: Yes No Questionable condition: Yes * No Poor condition: Yes ** No

Warning/
Courtesy Lights: Operational: Yes No ** Meets state requirements: Yes No **

Horn: Operational: Yes No **

Mirrors: Yes No **

NOTE:

*Any * indicates a need to have checked by a qualified mechanic*

*Any ** needs immediate repair or replacement*

Additional Comments

Repairs Needed/Completed Data (Give to operator to document completed repairs. Operator to return form to Chief.)

Repairs Needed: _____

Repair Comments: _____

Repair(s) Completed By (signature): _____ Date: _____

The completion of this checklist indicates that we have undertaken a limited survey of your vehicle. The findings of this document are limited to certain conditions that were observed and evaluated at the time of the survey. This survey or the completed checklist is not a substitute for any mechanical inspection made by a qualified vehicle technician. Any observations or recommendations enumerated in this document do not constitute a safety inspection and in no way supplant your duty to maintain your vehicle in a safe operating condition. Completion of any or all of the recommendations contained in this document does not assure that every hazard has been adequately controlled or that no other hazards exist. By completion of this checklist we do NOT warrant that any or all vehicles or equipment are safe or in compliance with any law, rule, regulation or ordinance.